

**PROJECT 10073 RECORD CARD**

1. DATE 2 Apr 64	2. LOCATION Lakeview, south Carolina	12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon  <input checked="" type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft  <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical  <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
3. DATE-TIME GROUP Local <u>0600</u> GMT <u>02/1100Z</u>	4. TYPE OF OBSERVATION  <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar	5. PHOTOS  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. SOURCE Civilian	7. LENGTH OF OBSERVATION  <u>10 Minutes</u>	8. NUMBER OF OBJECTS  Three	9. COURSE  Varied
10. BRIEF SUMMARY OF SIGHTING  Sun rising, not visible but light in East. Three dark shiny objects. Contrails. Flight generally straight. Manuvered and went in/ out flight pattern. description of different directions.	11. COMMENTS  No data presented to conflict with evaluation as A/C. Duration, if flight pattern, description of sighting in accord with analysis.		

3 Apr

## U.S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

2 Day      April Month      1962 Year

2. Time of day: 6:00

Hour \_\_\_\_\_ Minutes \_\_\_\_\_

(Circle One):  A.M. or P.M.

3. Time Zone:

(Circle One):  
 a. Eastern  
 b. Central  
 c. Mountain  
 d. Pacific  
 e. Other \_\_\_\_\_

(Circle One):  
 a. Daylight Saving  
 b. Standard

4. Where were you when you saw the object?

Nearest Postal Address

Lake View City or Town

State or Country

Additional remarks: in my community

5. How long was object in sight?

Hours

10

Minutes \_\_\_\_\_ Seconds \_\_\_\_\_

5.1 How was time in sight determined?

Was wearing a watch

a. Certain  
 b. Fairly certain

c. Not very sure  
 d. Just a guess

6. What was the condition of the sky?

DAY

a. Bright  
 b. Cloudy

NIGHT

a. Bright  
 b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):  
 a. In front of you  
 b. In back of you  
 c. To your right

d. To your left  
 e. Overhead  
 f. Don't remember

EAST The sun was just before the sun came up, but

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight — pitch dark
- d. Don't remember

9. The object appeared: *Ball objects*

(Circle One):

- a. As a light
- b. Shiny
- c. Dark
- d. Don't remember

10. If it appeared as a light, was it brighter than the brightest stars?

*No*

11. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke? *as a jet plane might*
- e. Change brightness? *not the body when it was*
- f. Change shape? *it went from the sun*
- g. Flash or flicker?
- h. Disappear and reappear? *The rocket disappeared*

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't Know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't Know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't Know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't Know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't Know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't Know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't Know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't Know

12. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind:

\_\_\_\_\_

13. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

in front of:

\_\_\_\_\_

14. Did the object appear: (Circle One):  a. Solid    b. Transparent    c. Vapor    d. Don't Know

15. Did you observe the object through any of the following?

- a. Eyeglasses Yes
- b. Sun glasses Yes
- c. Windshield Yes
- d. Window glass Yes

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No

- e. Binoculars Yes
- f. Telescope Yes
- g. Thesaurus Yes
- h. Other *Clouds standing over my back + went over glasses*

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No

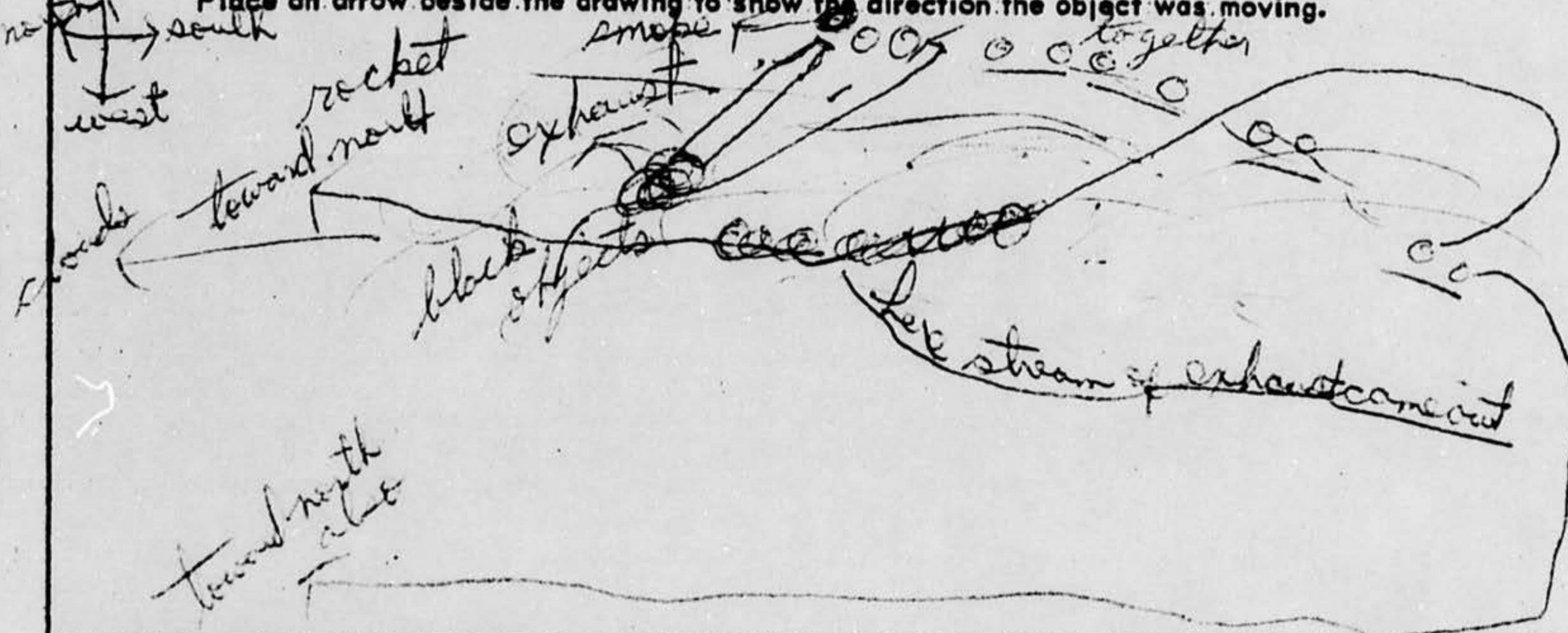
16. Tell in a few words the following things about the object.

a. Sound Pene

b. Color The rocket appeared blackish. The other <sup>bright</sup> objects from the rocket appeared black except when one was between it & the sun it was bright. The objects were appeared shiny.

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



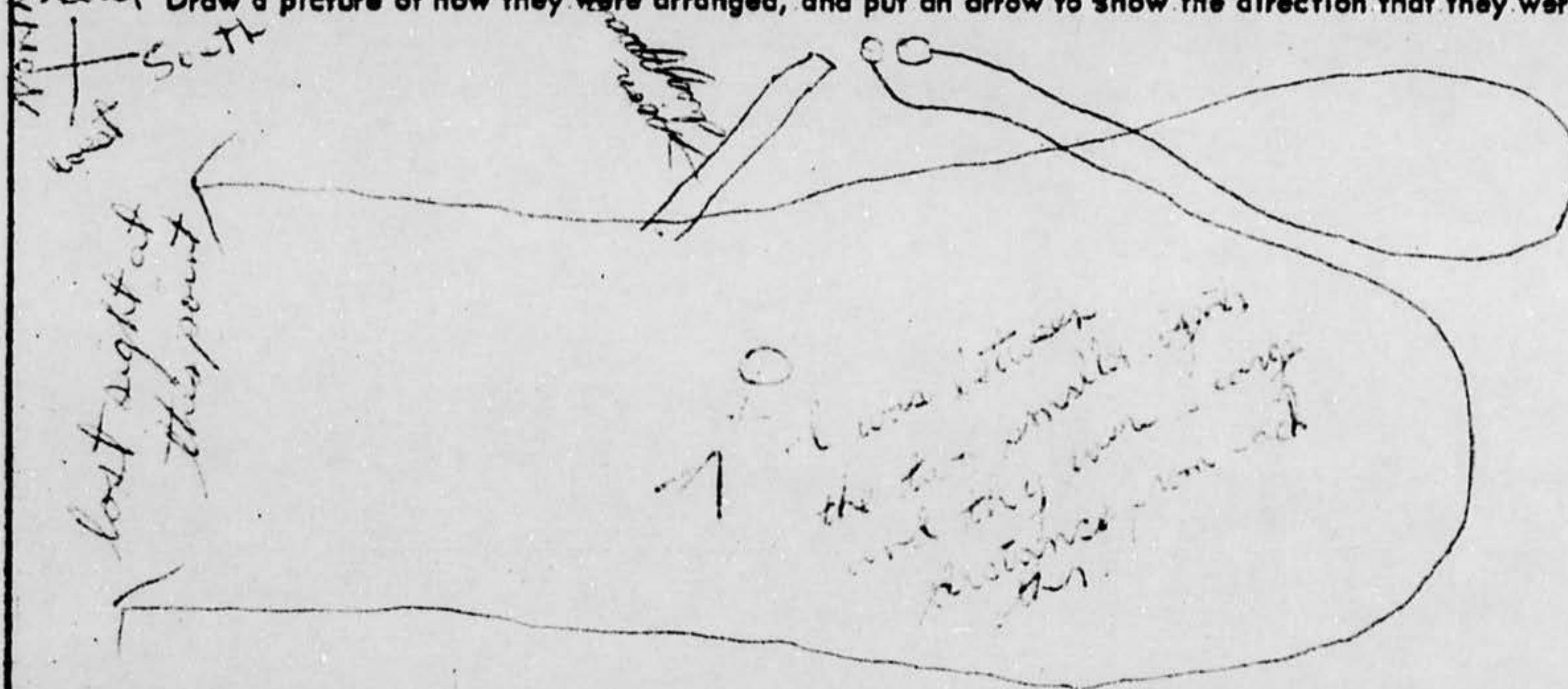
18. The edges of the object were:

- (Circle One): a. Fuzzy or blurred  
b. Like a bright star  
 c. Sharply outlined  
d. Don't remember

e. Other just about sharply  
thin

19. IF there was MORE THAN ONE object, then how many were there? (3)

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

A rocket passed from the east just upon sunrise and the moon stationary. Two small black objects came from the top and made a wide turn and then passed north.

21. How large did the object appear to you as compared to an object with which you are familiar? The rocket seemed very small, and the objects appeared small, it was seeming and very far away.

22. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

23. Did the object disappear while you were watching it? If so, how? The rocket disappeared two miles downstream up the Tropic, it went out of my sight.

24. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw. It looked like a wheel which opened very large.

25. Where were you located when you saw the object? (Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other \_\_\_\_\_

26. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other *(round, spreaded houses of a community)*

27. What were you doing at the time you saw the object, and how did you happen to notice it?

*At that time I was riding on my bicycle west. I looked right ahead at the right hand, I first noticed it. I stopped and waited till all quit disappears.*

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- |              |  |              |              |
|--------------|--|--------------|--------------|
| a. North     | <input checked="" type="radio"/> c. East | e. South     | g. West      |
| b. Northeast | d. Southeast                             | f. Southwest | h. Northwest |

28.2 How fast were you moving? *slowly* miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

29. What direction were you looking when you first saw the object? (Circle One)

- |              |  |              |              |
|--------------|--|--------------|--------------|
| a. North     | <input checked="" type="radio"/> c. East | e. South     | g. West      |
| b. Northeast | d. Southeast                             | f. Southwest | h. Northwest |
|              |  |              | i. Overhead  |

30. What direction were you looking when you last saw the object? (Circle One)

- |   |              |              |              |
|---|--------------|--------------|--------------|
| <input checked="" type="radio"/> a. North | c. East      | e. South     | g. West      |
| b. Northeast                              | d. Southeast | f. Southwest | h. Northwest |
|   |              |              | i. Overhead  |

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North (thru east) and also the number of degrees it was upward from the horizon (elevation).

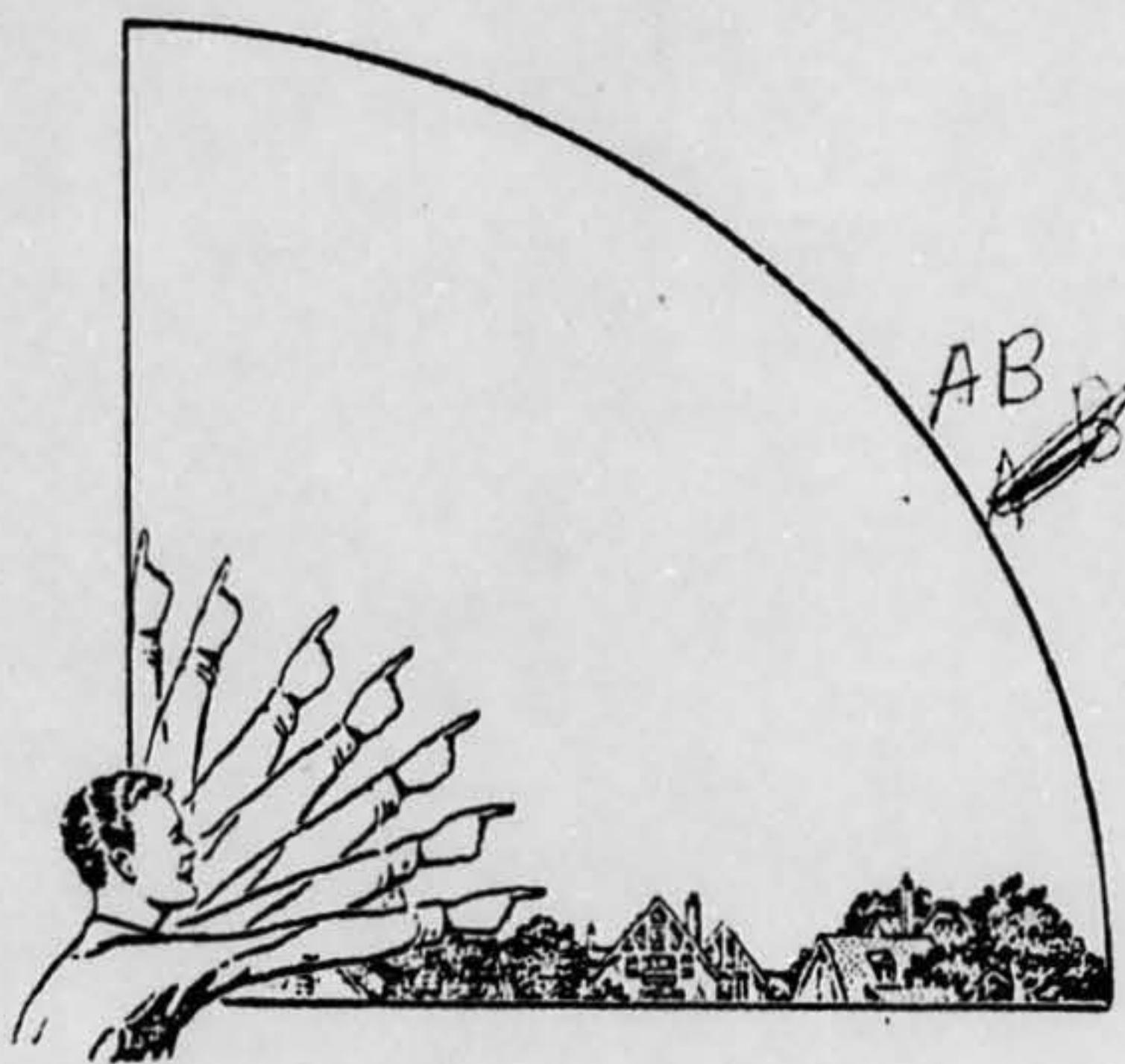
31.1 When it first appeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

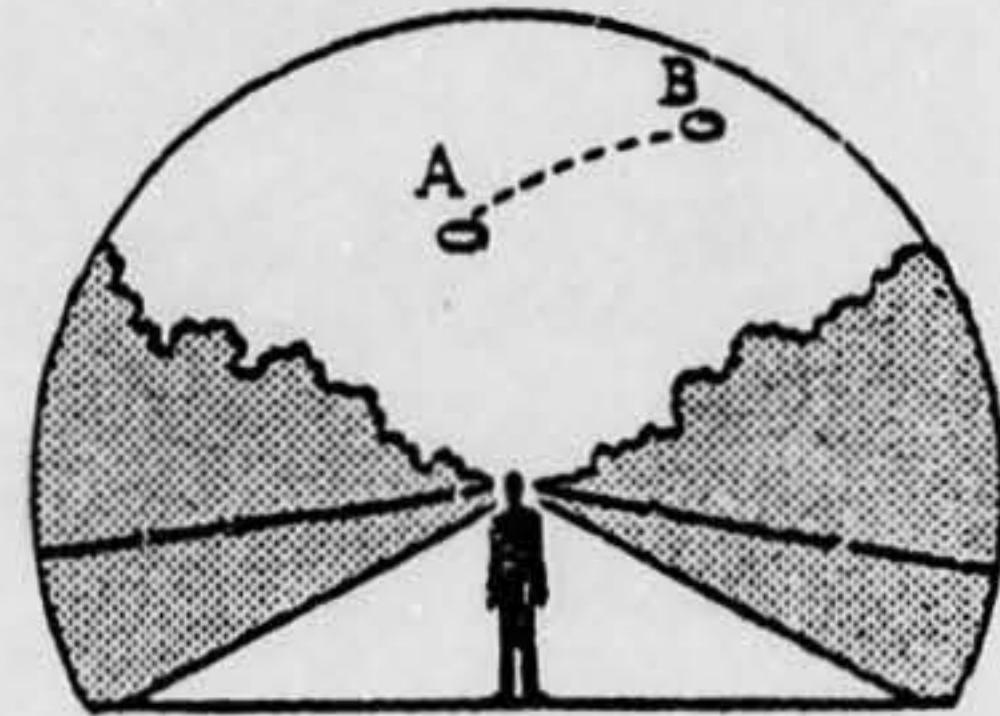
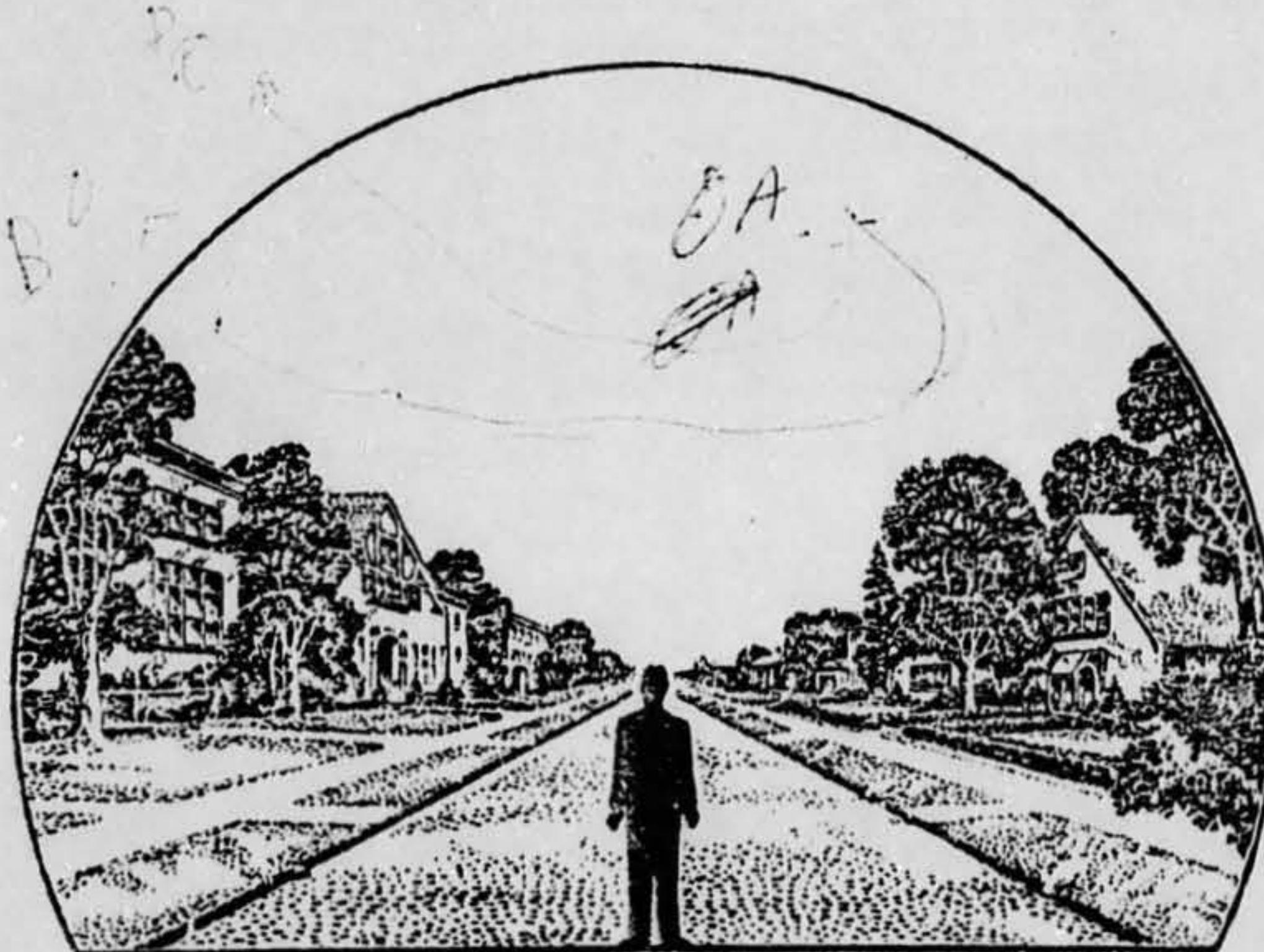
31.2 When it disappeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

32. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it.



33. In the following larger sketch place an "A" at the position the object was when you first saw it, and a "B" at its position when you last saw it. Refer to smaller sketch as an example of how to complete the larger sketch.



34. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds - *Leto*

*(Below the object mostly.)*

WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

35. When and to whom did you report that you had seen the object?

Day

Month

Year

36. Was anyone else with you at the time you saw the object?

(Circle One) Yes  No

36.1 IF you answered YES, did they see the object too?

(Circle One) Yes  No

36.2 Please list their names and addresses:

37. Was this the first time that you had seen an object or objects like this?

(Circle One)  Yes  No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

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38. In your opinion what do you think the object was and what might have caused it?

39. Do you think you can estimate the speed of the object?

(Circle One) Yes  No

IF you answered YES, then what speed would you estimate? \_\_\_\_\_

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes  No

IF you answered YES, then how far away would you say it was? \_\_\_\_\_

41. Please give the following information about yourself:

NAME \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

ADDRESS \_\_\_\_\_ AVE - Street \_\_\_\_\_ CITY \_\_\_\_\_ Zone \_\_\_\_\_ S.D. \_\_\_\_\_ State \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

Age 12 Sex Boy

Indicate any additional information about yourself, including any education, which might be pertinent.

42. Date you completed this questionnaire:

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_